

# Medical Care Advisory Committee

*Minutes of March 16, 2017*

## Participants

### Committee Members Present

Andrew Riggle (Chair), Dr. William Cosgrove, Mark Brasher, Kevin Burt, Christine Evans, Sara Carbajal-Salisbury, Ginger Phillips, Kris Fawson for Debra Mair, Danny Harris, Jessie Mandel, Steven Mickelson, Mark Ward, Nate Checketts, Adam Cohen, Doug Springmeyer.

### Committee Members Excused

Dr. Samuel Bailey

### Committee Members Absent

Jenifer Lloyd, Jonathan George, Donna Singer, Pete Ziegler

### Guests

Joyce Delcourt-LCPD, Micah Vorwaller-UHPP, Ed Drering-UAHC, Claire-LFA (via phone), Corinna Lena-Premier Access (via phone)

## Welcome

The meeting was called to order at 1:35 p.m. Dr. Cosgrove welcomed members while awaiting the arrival of Chairman Andrew Riggle. Ginger Phillips, a new MCAC member representing mental health, was introduced.

## Approval of Minutes

Dr. Cosgrove called to approve the minutes. Kevin Burt moved to approve the January 19, 2017 minutes. Steven Mickelson seconded the motion. All approved. None opposed.

## New Rulemakings-Craig Devashrayee

Craig reported on the eight new rulemakings with filing for public comment, as well as the effective dates.

- R414-60 Medicaid Policy for Pharmacy Program
- R414-60A-2 DUR Board Composition and Membership Requirements
- R414-304 Income and Budgeting
- R414-308-7 Change Reporting and Benefit Changes
- R414-310-13 Change Reporting and Benefit Changes
- R414-61-2 Incorporation by Reference
- R414-1 Utah Medicaid Program (Five-Year Review)
- R417-38 Personal Care Services (Five-Year Review)

R414-304 Income and Budgeting- Christine Evans requested clarification on this rule regarding budgeting expenses and income. Michelle Smith responded this is to clarify expenses for the medically needy program, specifically if a person has a health insurance premium to allow as a deduction for those programs.

R414-61-2 Incorporation by Reference- Christine Evans requested to clarify this rule. Kevin Bagley reported CMS changed the requirement on performance measures. The change is incorporating new quality standards on how we measure quality and what is measured related to health and safety. Christine requested to receive the new quality standards. Kevin will send this to Jennifer Meyer-Smart who will forward to the MCAC members.

## Eligibility Update – Michelle Smith

Members received a two page report on Medicaid, CHIP and PCN enrollment.

The first graph showed a 10-year span of Medicaid enrollment for adults, people over age 65, people with disabilities, and pregnant women.

- Pregnant women over the past 10 years has stayed the same with a steady enrollment.
- People over age 65 show a slight increase in enrollment over the past 10 years.
- Adults had a sharp increase with ups and downs in the past 5-6 years.
- Disabled individuals show a steady increase in the past 10 year.
- Children on Medicaid show a steady increase, but then a slight decrease in the last year.

Steve Mickelson questioned the steady increase for people with disabilities. Nate reported it was due to sensitivity to the economy and a steady population growth.

The second graph showed Utah Cases Served – Number of Persons on Medicaid, CHIP and PCN – Number of Persons.

- CHIP had a drop in 2014, and then a slight increase.
- PCN numbers has fluctuated over the past 10 years. Nate added this was due to open enrollment.
- Medicaid shows steady growth over the past 10 years.

A question was asked regarding the PCN status for adults without children, and if there is a date for the next PCN open enrollment. Nate reported during the last legislative session PCN funding was restored at \$1.2 million dollars, and stated a date for open enrollment was unknown at this time. Doug Springmeyer asked how long it will stay open. Nate stated that previous open enrollment periods have been about 3-4 weeks, and that the closure is based on how many apply and are enrolled.

Doug referred to a previous request to add ethnicity data to the report to clarify whether there is a larger percentage of specific ethnic groups that were dis-enrolling, and if this data is available. Nate stated DOH provided the data that is available about 6 months ago. He asked for the group to specify what is not in the report, so DOH can possibly provide it. Kevin Burt spoke noting this was done recently in the SNAP program, stating 70% of individuals applying do not report ethnicity information as it is not required to be provided. Because of this there will be a large gap in the data.

Jessie Mandel remarked that in the annual report, data on race is reported but not by ethnicity. Jessie requested to include ethnicity data in the next annual report. Nate confirmed this will be considered.

Sara Carbajal-Salisbury questioned the graph on the Medicaid 10-year enrollment for children. The chart shows the children growth doubling from 100,000 to 200,000. Sara asked if this is healthy growth. Nate responded by showing the ups and downs in the report. He stated hopefully families are finding their own

coverage as their income and health increases. Sara asked with the 200,000 children enrolled what is the percentage of Utah children that are enrolled. Nate responded 20%.

Ginger asked if there is any reporting on individuals with disabilities on the Medicaid Work Incentive program. This is an individual item that is not reported on the graph, so Michelle will provide Ginger the details rather than including it the monthly report.

## Combining MCAC and CHIP Advisory Meetings – Michelle Smith

The CHIP advisory board made a decision to not combine the MCAC and CHIP meetings, but to schedule the meetings on the same day when CHIP Advisory meets every quarter. CHIP meeting will be scheduled from 1:00 p.m. to 2:00 p.m., followed by the MCAC meeting at 2:00 p.m. to 4:00 p.m. The next meetings will be Thursday, April 20, 2017. It was suggested to add as an agenda item (quarterly) for CHIP to present at a MCAC meeting.

## New Choices Waiver

Kevin Bagley reported on the executive summary sent to the group. Utah's 1915 (c) Medicaid Home and Community Based Services New Choices Waiver (NCW) will have an amendment submitted for its current State Implementation Plan. This amendment is now open for public comment in order to make adjustments to the operation of the waiver. Comments will be accepted through April 10, 2017.

Overview of proposed changes:

- Unduplicated participants- Decreasing the number of estimated serviced participants from 2,200 to 2,000. No individuals will lose eligibility as a result of the change. This reflects the number of people that have applied, and where DOH expects enrollment to remain.
- Service Modifications-There will be no new services added to the waiver program and no services will be removed.
- Provider qualifications- The state is proposing a change to the provider qualifications for respite care to add personal care agencies as a provider type that may enroll to provide hourly and daily respite care.
- Financial estimates- Estimates on service expenditures have been updated to reflect the estimated number of waiver participants, in addition to financial trends that the state has observed.

Danny Harris asked if the new Medicaid housing coordinator will be dealing with this population, and if housing is a barrier that prevents people from applying for the new choices waiver. Kevin remarked the focus is on individuals that are able to move into a community home setting. This means taking the existing population who are in the new choices waiver and focusing on that group by trying to identify people that live in assisted living facilities. Kevin reported one barrier is that individuals coming from nursing homes choose to move into assisted living or independent living, and not community housing.

Ginger Phillips asked if this waiver covers individuals leaving the Utah State Hospital that require assisted living. Kevin reported individuals typically are coming from nursing home facilities. Those individuals that come from the state hospital would have to meet the requirements of needing nursing home level of care. This doesn't usually involve a mental health diagnosis. For the first year, the housing coordinator will focus on building relationships with housing agencies and identifying opportunities.

## Director's Report - Nate Checketts

### Legislative session update

#### Medicaid Updates:

- Due to enrollment not being as high as anticipated, DOH returned \$12 million dollars from fiscal year 2017.
- FY 2018, DOH was appropriated \$4 million dollars of on-going money.
- Accountable Care Organizations received a full 3.5% increase.
- PCN was approved \$1.2 million dollars restoration.
- Direct Care staff salary increase of \$570,000 for individuals working in intermediate care facilities.
- Additional dental funding for individuals with disabilities was funded. This was passed last year under SB39, but required more funding to operate the program. The implementation date was changed from May 1, 2017 to July 1, 2017.
- Baby Watch Early Intervention program was fully funded for \$2.7 million dollars.
- Opioid abuse overdose prevention program was funded.
- SB 51 sought to return dental benefits to fee for service. This bill was dropped as result of an agreement with the dental managed care groups to make some needed practice changes.

#### Nate reported on passed bills that impact DOH:

- HB113- Nursing home facilities
- HB175- SBIRT screening was added to Medicaid benefits. Emma gave an overview of what the bill requires for SBIRT billing.
- HB194- Modifies provisions related to the review and approval procedures for certain federal funds requests.
- SB123- Developmental center received funding for a dental clinic.
- SCR 8 – Resolution to encourage the federal government to work with states to plan and implement state-tailored Medicaid programs that maximize states' flexibility and choice.

#### Discussed but not funded:

- Family planning.
- Adult preventive exams

#### Program reports to be submitted:

- Report on reversible contraceptives being used appropriately and ensuring women are aware of coverage. Due September 1, 2017
- Opioid prescribing – reporting if the 2016 guidelines have been implemented and followed.
- Claims payment process - On-going reports.
- Dental Managed Care - Report will address utilization, contractual obligations, client access and if changes are needed to improve access. Due in October.
- Report on the salary increase for individuals working for ICIFD's - Report on how the facilities used the funds and how it was used for direct care providers. Increase will be given in 2018, report due 2019.
- Report on if Medicaid can help fund nurses and schools. Due August 2017.

### ACA Repeal and Replace Update

Nate reported the House has released their bill and is headed towards the budget reconciliation process. Nate reported that on the non-Medicaid side there was a possibility to lose \$10 million dollars of public health funding for the following programs:

- \$2 million dollars from the diabetes program.

- \$2 million dollars from the heart disease program.
- \$1.5 million dollars from local health departments to address obesity and injury.
- \$2 million dollars from the immunization program.

Nate reported the bill also freezes enrollment for Medicaid expansion in January 2020. Individuals on the program up to that point continue to receive the 90% match, and individuals enrolled (or re-enrolled) after that would be enrolled at the regular state match rate. Funds are available for states that did not expand, which Utah did not. Utah is reviewing what these funds might be if passed. If this bill were to pass, funds are intended to off-set some of the uncompensated care costs for uninsured individuals in states that did not expand. For more information on this section of the bill, see section 115.

They are also proposing per capita caps for most Medicaid programs. The exemptions are CHIP, IHS, Breast and Cervical Cancer, undocumented individuals receiving emergency services, family planning, premium assistance and tuberculosis individuals.

The first year, calculations are based on 2016 funding for each group. A per capita cap would be given for each group (ie, disabled, children, pregnant women, etc). The rate grows by rate of inflation, which is then aggregated. If the state spent more than the aggregated total it would be reduced for the next year. This transfers significant risk to the states. States want additional flexibility to accept this risk, which doesn't appear in this bill. Andrew pointed out that long term care services are not included in the inflation factor, which would grow at a different rate than the medical CPI. The state would take on more risk for this. Andrew mentioned there is an overview of the potential impacts of the bill on the Disability Law Center's website.

A few other provisions in the bill are; funding for Community Health center, freeze on Planned Parenthood funding, repeal of authority for presumptive eligibility, reducing income limit to 100% from 133% for child Medicaid. It also eliminates cuts for DSH, expansion states need to relook at eligibility every 6 months, and marketplace changes.

### 1115 Waiver/Amendment Update

Nate reported on waiver amendments.

- Dental Benefits for disabled clients- Currently out for federal public comment. Needs to be approved as a separate amendment.
- Based on the PCN amount, DOH is requesting CMS remove the sub cap limits of adults with children and adults without children. Just the 25,000 cap would apply.
- IMD exemption is still pending.
- Adult expansion proposal- JRI, mental health and homeless individuals.
- Mental health parity
- Former Foster Care Youth from other states- An 1115 waiver amendment will be submitted, but this is a technical change only, as we already provide Medicaid for these individuals.

## Other Business – Andrew Riggle

Andrew asked for new agenda items to be sent to Jennifer Meyer-Smart. At the last executive meeting there was a proposal for MCAC to develop a set of principles and priorities for use in evaluating any federal Medicaid reforms. Andrew asked for volunteers to set up a committee to meet and develop these priorities.

**MOTION:** Ginger Phillips made the motion to create a sub-committee to develop a MCAC document. Dr. Cosgrove seconded the motion. All were in favor. None opposed.

Volunteers to be on the committee are: Ginger Phillips, Doug Springmeyer, Dr. Cosgrove, Jessie Mandie and Christine Evans.

With no further business to conduct, the meeting was adjourned at 3:45 p.m.